

FOR BOARD USE ONLY

CHE _____
 JBRC _____
 BC Board _____
 JBRC Staff _____
 BC Staff _____
 A-1 Form Mailed _____
 SPIRS Date _____
 Summary _____

(For Board Use Only)**SUMMARY NUMBER****FORM NUMBER****BUDGET AND CONTROL BOARD - PERMANENT IMPROVEMENT PROJECT REQUEST**

1. AGENCY

Code _____ Name _____

Contact Person _____ Phone _____

2. PROJECT

Project # _____ Name _____

Facility # _____ Facility Name _____

County Code	
New/Revised Budget	

Project Type	
Facility Type	

3. CIP PROJECT APPROVAL FOR CURRENT FISCAL YEAR

CIP priority number _____ of _____ for FY _____.

4. PROJECT ACTION PROPOSED (Indicate all requested actions by checking the appropriate boxes.)

Establish Project		Decrease Budget		Close Project	
Establish Project - CIP		Change Source of Funds		Change Project Name	
Increase Budget		Revise Scope		Cancel Project	

5. PROJECT DESCRIPTION AND JUSTIFICATION

(Explain and justify the project or revision, including what it is, why it is needed, and any alternatives considered.
 Attach supporting documentation/maps to fully convey the need for the request.)

6. OPERATING COSTS IMPLICATIONS

Attach Form A-49 if any additional operating costs or savings will result from this request. This includes costs to be absorbed with current funding.

7. ESTIMATED PROJECT SCHEDULE AND EXPENDITURES

Estimated Start Date: _____ Estimated Completion Date: _____
 Estimated Expenditures: Thru Current FY: \$ _____ After Current FY: \$ _____

8. ESTIMATES OF NEW/REVISED PROJECT COSTS

PROJECT #

1. _____ Land Purchase ---->
2. _____ Building Purchase ---->
3. _____ Professional Services Fees
4. _____ Equipment and/or Materials ---->
5. _____ Site Development
6. _____ New Construction ---->
7. _____ Renovations - Building Interior ---->
8. _____ Renovations - Utilities
9. _____ Roofing - Roof Age
10. _____ Renovations - Building Exterior
11. _____ Other Permanent Improvements
12. _____ Landscaping
13. _____ Builders Risk Insurance
14. _____ Other Capital Outlay
15. _____ Labor Costs
16. _____ Bond Issue Costs
17. _____ Other:
18. _____ Contingency

Land: _____ Acres
 Floor Space: _____ Gross Square Feet

Information Technology \$ _____

Floor Space: _____ Gross Square Feet

Floor Space: _____ Gross Square Feet

\$ _____ TOTAL PROJECT BUDGET

ENVIRONMENTAL HAZARDS

Identify all types of significant environmental hazards (including asbestos, PCB's, etc..) present in the project and the financial impact they will have on the project.

Type: _____

Cost Breakdown

Design Services \$ _____

Monitoring \$ _____

Abate/Remed \$ _____

Total Costs \$ _____

9. PROPOSED SOURCE OF FUNDING

Source	Previously Approved Amount	Increase/Decrease	Original/Revised Budget	Transfer to/from Proj. #	Rev Object Code	Treasurer's ID Number	Rev Sub Fund	Exp Sub Fund
(0) CIB, Group					8115		3043	3043
(1) Dept. CIB, Group					8115		3143	3143
(2) Institution Bonds								3235
(3) Revenue Bonds								3393
(4) Excess Debt Service								3497
(5) Capital Reserve Fund					8895		3603	3603
(6) Appropriated State					8895	68800100	1001	3600
(7) Federal						78800100		5787
(8) Athletic						88800100		3807
(9) Other (Specify)						98800100		3907
TOTAL BUDGET	\$ _____	\$ _____	\$ _____					

10. SUBMITTED BY:

 Signature of Authorized Official and Title

 Date

11. APPROVED BY:

(For Board Use Only)

 Authorized Signature and Title

 Date